ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	2/10/2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial Automobile Physical Damage	1,515,000	+.6%
Private Passenger Gemmercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril	1,118,000	+6.2%
Does filing only apply to certain territory (ter Brief description of filing. (If filing follows ra 3.6 program. Base rates and factors have c	tes of an advisory organization, specify of	organization): Introduction of our Auto
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	AIG Agenc	y Auto - AIG National Co. Name of Company lale - Product Manager
		Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

Change in Company's premium or ra	te level produced by rate revision
effective 05/28/2009	•

(1)	(2) Annual Premium	(3) Percent
Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
•		0.4%
Passenger	2,603,145	0.4 /6
Commercial Automobile Physical Dame		
Automobile Physical Dama	_	0.0%
Private Passenger	2,121,009	0.078
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	***************************************	
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other	•	
Life of Insurance		
	ertain territory (territories) o	r certain
Classes? If so,		
specify: No		
Brief description of filing. Organization, specify organization):	(If filing follows rates of an a	advisory ates have been revised
*Adjusted to reflect all price	or rate changes	
**Change in Company's p rates.	remium level which will resu	ult from application of nev
د ماه د مه د د ماه د مه د	ACUITY, A Mutua	al Insurance Company
		ame of Company
	Regulatory Filing	
		Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/28/2009

~	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
١.	Automobile Liability Private		and the second s
	Passenger	2,603,145	+ 0.2
	Commercial	Andrew Comment of the	
1	Automobile Physical Damag		та на при
	Private Passenger	2,121,009	0.0
	Commercial	and the contract of the first of the state o	
١,	Liability Other Than Auto	and the second of the second o	
,	Burglary and Theft	proper the second secon	Commission of the control of the con
,	Glass	a major and a particular or a company of the particular company of the	- The state of the
	Fidelity	2000	No. 42 20 de la judici appropriata con conservamente de conservamente conservamente de la conservamente del conservamente del conservamente de la conservamente de la conservamente de la conservamente del conservamente del conservamente de la conservamente del
	Surety		
,	Boiler and Machinery		
	Fire	A STATE OF THE STA	The state of the s
0.	Extended Coverage		a mana a dagan ana ana ana maganamanina na anina ng ja aga Angaya (in aga ja b) (in aga kingka) anganaka anganamanina. - anina na dagan ana ana ana ana ana ana ana ana ana
1.	Inland Marine		The second secon
2.	Homeowners	2,042,434	+1.5
3.	Commercial Multi-Peril	The state of the s	
4.	Crop Hail		and the second s
5.	Other	4	to contract the contract of th
	Life of Insurance	The state of the s	The second secon
•	Does filing only apply to certa	in territory (territories) or	r certain
	Classes? If so,		
	specify: No No		
	The state of the s	en en en engene en	
	Brief description of filing. (If fi	iling follows rates of an a	edvisory
	Organization, specify	ware a community	
	organization):		in our homeowners portion
	of our Road and Residence manua		ito base rates in our road portion
	of our Road and Residence manua		er un nomentale (1997-4: Australia) i managementale (1997-4: Austr
	*Adjusted to reflect all prior ra		de frame manifestion of a
	**Change in Company's prem rates.	ium ievei which will resu	и вош application of new
	rates.	ACTUTY A Mario	Hasiranan Camanau
		A CONTRACTOR OF THE PROPERTY O	I Insurance Company me of Company
		Na Regulatory Filing	
			Official - Title
		·	Contrai - tilla

Change	in	Company's	pr	emium	or	rate	level	produced	by	rate
		effective								

revision effective 06/11/2	2009	•
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	1020110	
1. Automobile Liability Private Passenger Commercial	\$2,759,714	-1.4%
2. Automobile Physical Damage Private Passenger Commercial	\$2,419,410	-2.0%
3. Liability Other Than Auto		
4. Burglary and Theft	- Control of the Cont	
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)	or certain classes?
Brief description of filing. (If organization	n): With this filing, we current Motorcycle/O Program. The revisio pricing segmentation discounts, new and e	are revising our ff-road Vehicle ns include increased , introduction of new nhanced coverages. ur filing are located
* Adjusted to reflect all prior result from application of new	vel which will	

Allstate Property & Casualty Insurance Company
Name of Company
Stephen J. Burbick - State Filings Director
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2009 NB June 1, 2009 Renewals

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)	<u>Change (+ or -)**</u>
1. Automobile Liability Private	\$9,777.12	-39.44%
Passenger Commercial		
2. Automobile Physical Damage	\$4,831.55	0.00%
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

This filing is expanding our current Illinois Gateway territory list to include 11 more counties. We adjusted our current liability rates to be more competitive with a recent competitor rate change and also added liability and physical damage rates to include the expanded territories.

Brief description of filing (If filing follows rates of an advisory organization, specify organization):

This filing is expanding our Illinois Gateway program to new counties in Northern Illinois. We have used a market based system and have reviewed the rates, loss ratios, and market coverage of Affirmative Insurance, American Service, Founders Ins, and Universal. Our rates are also being adjusted in the areas we are currently writing business for Gateway in order for us to maintain our competitiveness in this market place.

American Access Casualty Company
Name of Company

Emily Butenhoff – Pricing Analyst Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	nge in Company's premium or rate le	evel produced by rate revision effective	5/20/2009
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
	Automobile Liability Private Passenger Commercial	\$184,651	+17%
	Automobile Physical Damage Private Passenger Commercial	\$654,646	-4%
4.	Liability Other Than Auto Burglary and Theft Glass		
7.	Fidelity Surety Boiler and Machinery		
9. 10.	<u>•</u>		
12. 13.	Homeowners Commercial Multi-Peril Crop Hail		
	OtherLine of Insurance		
	s filing only apply to certain territor ram and not any specific territory or	y (territories) or certain classes? If so, s	pecify: This filing applies to the entire
Insu Ame class and	rance Company is pleased to submit erican Modern Collector Vehicle. With sifications, new classifications, additions.	rates of an advisory organization, specify of the first of the second state of the second state of the second seco	Collector Car Filing, now branded es, a revised rating structure, revised plans, and revised policy language
	usted to reflect all prior rate changes nange in Company's premium level w	hich will result from application of new rate	es.
		Am	erican Modern Home
		Trac	Name of Company ci Burbage-State Filer
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 9/15/2008 New Business and Renewal (3)(2)**Percent Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial \$135,017 2.4% 2. Automobile Physical Damage 7.1% Private Passenger Commercial \$63,741 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The purpose of this filing is to introduce enhancements to the CHROME Program. These revisions include clarifying what types of vehicles qualify as specialty/non-CHROME vehicles. Adding the DriveSmart for Teens discount and Christian Motorcyclists Association as an eligible Motorcycle Rider Gro The base rates are being offset by changes in class factors, limit and deductibles relativities, various AmeriCycle factors, recreational vehicle rates and factors, symbol factors and model year factors. Most of the changes are very small. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. American National General Insurance Company Name of Company

Byron W. Smith, VP and Actuary

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/14/2009 New Business and Renewal

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial	\$3,971,567	5.8%
2.	Automobile Physical Damage		
	Private Passenger Commercial	\$2,454,457	11.0%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	,	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
10.	Line of Insurance		
	Eine of modifiance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	No
Brie	ef description of filing (If filing follows r	rates of an advisory organization, specify org	panization):
	- · · · · · · · · · · · · · · · · · · ·		
ine	purpose of this filing is to introduce enhancement sight/non-CHROME vehicles. Adding the DriveS	ats to the CHROME Program. These revisions include of imart for Teens discount and Christian Motorcyclists Ass	sociation as an eligible Motorcycle Rider Gro
The	base rates are being offset in class factors, limit	and deductible relativities, various AmeriCycle factors,	recreational vehicle rates and factors, symbol
	model year factors. Most of the changes are ver		
	ljusted to reflect all prior rate changes. hange in Company's premium level w	hich will result from application of new rates.	
		American National Property A	and Casualty Company
	•		ame of Company
		Byron W. Smith, VP and Actu	arv
		Zyron ir. omar, ir uno rota	Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 01/27/2009	•

1. Automobile Liability Private Passenger \$4,458,181 + 5.7% Commercial 2 Automobile Physical Damag Private Passenger \$2,672,958 +2.8% Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	e (+or-) **
Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Fidelity \$4,458,181 + 5.7% +2.8% +2.8% +2.8% +2.8%	•
Commercial 2 Automobile Physical Damag Private Passenger \$2,672,958 +2.8% Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	•
2 Automobile Physical Damag Private Passenger \$2,672,958 +2.8% Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	•
Private Passenger \$2,672,958 +2.8% Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	•
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity	
4. Burglary and Theft5. Glass6. Fidelity	
4. Burglary and Theft5. Glass6. Fidelity	
5. Glass	
6. Fidelity	
——————————————————————————————————————	
7. Surety	
8. Boiler and Machinery	
9. Fire	
10. Extended Coverage	
11. Inland Marine	
12. Homeowners	
13. Commercial Multi-Peril	
14. Crop Hail	
15. Other	
Life of Insurance	
Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Filing applies to all territories and classes.	
Brief description of filing. (If filing follows rates of an advisory Organization, specify	
organization): With this filing we are increasing rate	
all coverages. This change is composed of base rates and factor changes alo	ng with the
introduction of new enhancements.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from applic	cation of new
rates. Bristol West Insurance Company	· •
Name of Comp	
	ager

Official - Title

	(1)	(2)	(3)
	(1)	(2) Annual Premium	Percent Change
	Carramaga	Volume (Illinois)*	(+ or -)**
	Coverage	volume (illinois)	(+01-)
1.	Automobile Liability		
	Private Passenger	7,997,000	7.4%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	4,277,000	1.9%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	-	
15.	Worker's Compensation		
16.	Other		
	Line of Insurance		• ·
<i>~</i> 11			777 · · · 1·
	g only apply to certain territory (territories	s) or certain classes? If so, specify:	The revision applie
all terri	tories.		
ief desc	ription of filing. (If filing follows rates of	f an advisory organization, specify or	ganization):
ith this	filing we are expanding the use of Liabilit	ty symbols, implementing new rate le	vel charts, adjusting (
ctors, m	aking changes to Keeper coverage, reduci	ng MCD for Comp coverage, introdu	icing supplemental ag
ing for	motorcycles, and converting heavy farm t	rucks to model year based price syml	bols.
Adiusted	to reflect all prior rate changes.		
	in Company's premium level which		
	ult from application of new rates.		
		COUNTRY Casualty Insurance C	ompany
		Name of Company	
		Rechard a South	-
		Richard A. Smith	

	(1)	(2)	(3)
	,	Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger	146,649,000	5.8%
	Commercial		
2.	Automobile Physical Damage		
2.	Private Passenger	119,296,000	0.8%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
5. 6.	Fidelity		
0. 7.	Surety		
7. 8.			
o. 9.	Boiler and Machinery		
	Fire		
10.	Extended Coverage Inland Marine		
11. 12.			
	Homeowners		111 14 97
13.	Commercial Multi-Peril		
14.	•		
15.	Worker's Compensation		
16.		13.48.00	
	Line of Insurance		
es filin	g only apply to certain territory (territorie	es) or certain classes? If so, specify:	The revision applie
all terri		of contain classes. It so, specify.	
ef desc	ription of filing. (If filing follows rates o filing we are expanding the use of Liabil	f an advisory organization, specify o	rganization): level charts, adjusting
	naking changes to Keeper coverage, reduce		
	motorcycles, and converting heavy farm		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	<u> </u>	
djusted	to reflect all prior rate changes.		
~.	in Company's premium level which		
Change			
	ult from application of new rates.		
	ult from application of new rates.	COUNTRY Mutual Insurance Co	ompany
	ult from application of new rates.	COUNTRY Mutual Insurance Co Name of Company	ompany
	ult from application of new rates.		ompany
	ult from application of new rates.	Name of Company	ompany
	ult from application of new rates.	Name of Company Occheck a South	ompany

Change	in Company's premium or rate level prod	uced by rate revision effective:	March 21, 2009
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger	94,971,000	5.6%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	70,444,000	0.4%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	****	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	-	
10.	Extended Coverage		
11.			
12.			· · · · · · · · · · · · · · · · · · ·
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.			
	Line of Insurance		
Ooes filir o all terr	ng only apply to certain territory (territorie itories.	es) or certain classes? If so, specify:	The revision applies
	cription of filing. (If filing follows rates of		
	s filing we are expanding the use of Liabil		
	making changes to Keeper coverage, reduce		
ating fo	r motorcycles, and converting heavy farm	trucks to model year based price syn	nbols.
A dinata	d to reflect all prior rate changes.		
	e in Company's premium level which		
	sult from application of new rates.		
WIII IC	suit from application of new faces.		A MIN NI BALANDA
		COUNTRY Preferred Insurance (Company
		Name of Company	
-,			
		Rechard a South	
		Richard A. Smith	
		Chief Property/Casualty Actuary	
		Official and Title	

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premiu	m or rate level produced by rate revision effective	03/02/2009 NB: 05/06/2009 RB
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	Volume (imitola)	Ollarigo (* Gr. 7
1. Automobile Liability Priva	te	
Passenger Commerc		+7.4%
2. Automobile Physical Dam		
Private Passenger Co	mmercial85,239	+11.4%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance	^	
Line of modianc	-	
Does filing only apply to certa	in territory (territories) or certain classes? If so, specif	fv: N/A
Dood many drap to corta	to to the state of	
overall 8.6% increase in rate	filing follows rates of an advisory organization, speces due to changes to territory definitions, base rate	s, countrywide fer factors, changes to
driver class relativities and	new towing/rental rates. Additional changes to gu	idelines and rules are itemized in the
'Summary of Changes' exhibit		
*Adjusted to reflect all prior ra	to changes	
	ium level which will result from application of new rate	96
Change in Company's prem	idili level willolt will result from application of new rate	
	Fidelity N	ational Insurance Company
		Name of Company
	Bryan M, Davis, I	MBA, API - Assistant Vice President
		Official - Title

Section 754.EXHIBIT A

1.

2.

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.

Summary Sheet (Form RF- 3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 13, 2009

| (1) | (2) | (3) |
|---|--------------------------------|--------------------------|
| | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or 1)** |
| Automobile Liability | | |
| Private Passenger | \$1,630,293(BI/PD) | 4.3% |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | \$1,367,915 (Comp/Coll) | 9.4% |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | <u> </u> |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Line of Insurance | | |
| Does fling only apply to certain territory | (territories) or certain | |
| classes? If so, specify: | N/A | |
| | | |
| | | |
| Brief Description of filing (If filing follows | rates of an advisory | for Liphiliby & Dhysical |
| organization, specify organization): | Base Rates are being changed | for Liability & Physical |
| Damage coverages. Driver Class, Symb | The Vehicle Discount/Surpherge | list is boing undated |
| modified for selected business classes. | The Vehicle Discount/Surcharge | iist is being updated. |
| | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from the application of new rates.

RECEIVED

MAR 1 3 2009

IDFPR (MPC) Division of Insurance Springfield FIRST CHICAGO INSURANCE COMPANY
Name of Company

Steven H. Stucker-Product Analysis & Design Manager
Official - - Title

| | Change in Company's premium or rai
revision effective: | te level produced by rate
04/23/09 New Business a | and 05/21/2009 Renewals |
|---------------|---|--|---------------------------------|
| | (1) | (2) | (3) |
| | \(\frac{\cdot\}{\cdot}\) | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) |
| | <u> </u> | | |
| 1. A | utomobile Liability | | |
| | Private Passenger | 2,602,869 | 7.1% |
| | Commercial | | |
| | utomobile Physical Damage | | |
| | Private Passenger | 1,449,241 | 2.2% |
| | Commercial | | |
| 3. L | iability Other Than Auto | | |
| | Burglary and Theft | | |
| 5. G | | | |
| 6. F | idelity | | |
| 7. S | • | | |
| | Boiler and Machinery | | |
| 9. F | - | | |
| 10. E | Extended Coverage | | |
| | nland Marine | | |
| | lomeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. C | • | | |
| | Line of Insurance | | |
| | filing only apply to certain territory (to es? If so, specify: | erritories) or certain | |
| organ
GEIC | description of filing. (If filing follows raization, specify organization): O Casualty Company proposes an one of the company proposes and the company proposes are company proposes. | verall change of 5.4%. | perty Damage, Medical Payments, |
| | | | |
| ** Cr | usted to reflect all prior rate changes
nange in Company's premium level w
sult from application of new rates. | | |
| | | | |
| | | | GEICO Casualty Company |
| | | | Name of Company |
| | | | Kathleen Lake Analyst |
| | | _ | Kathleen Lake, Analyst |
| | | | Official - Title |

| Change in Company's premium revision effective: | or rate level produced by rate
04/23/09 New Business and | 05/21/2009 Renewals |
|---|--|---------------------------------|
| (1) | (2) | (3) |
| (., | Annual Premium | Percent |
| Coverage | Volume (Illinois) * | Change (+ or -) |
| | | |
| Automobile Liability | | 0.00/ |
| Private Passenger | 51,030,772 | 6.2% |
| Commercial | | |
| Automobile Physical Damage | | • •• |
| Private Passenger | 46,956,279 | 0.0% |
| Commercial | | |
| Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Does filing only apply to certain territo
classes? If so, specify:
No | ory (territories) or certain | |
| Brief description of filing. (If filing follo organization, specify organization): GEICO General Insurance Company Adding new tier R with base rate chate and Uninsured/Underinsured Motoris * Adjusted to reflect all prior rate chate the change in Company's premium le result from application of new rates | proposes an overall change of 3.3%. nge for coverage: Bodily Injury, Property ts nges. vel which will | Damage, Medical Payments, |
| ., | | |
| | | OFICO Company Insurance Comman |
| | | GEICO General Insurance Company |
| | | Name of Company |
| | | |
| | <u>_</u> | Kathieen Lake, Analyst |
| | | Official - Title |

| Change in Company's revision effective: | premium or rate level produced to 04/23/09 New | by rate
Business and 05/2 | 1/2009 Renewals |
|---|--|------------------------------|---------------------------------------|
| (1) | (2)
Annual Prem | ium | (3)
Percent |
| Coverage | Volume (Illino | | Change (+ or -) |
| Automobile Liability | | | |
| Private Passenger | 33, | 222,857 | 6.9% |
| Commercial | | | |
| Automobile Physical Da | | | |
| Private Passenger | 23, | 283,778 | 2.2% |
| Commercial | | | |
| Liability Other Than Au | | | |
| Burglary and Theft | | | |
| . Glass | | | |
| i. Fidelity | | | |
| . Surety | | | |
| Boiler and Machinery | | | |
| . Fire | | | |
| Extended Coverage | | | |
| Inland Marine | | | |
| 2. Homeowners | | | |
| 3. Commercial Multi-Peril | | | |
| 4. Crop Hail | | | |
| 5. Other | | | |
| oes filing only apply to cer
asses? If so, specify:
o | tain territory (territories) or certain | י | |
| organization, specify organi
SEICO Indemnity Company | f filing follows rates of an advison
zation):
proposes an overall change of 5
a rate change for coverage: Bodil | i.0%. | mage, Medical Payments, |
| A U | | | |
| Adjusted to reflect all prio
* Change in Company's presult from application of | remium level which will | | |
| | | | |
| | | | GEICO Indemnity Compa Name of Company |
| | | | realite of Company |
| | | | Kathleen Lake, Analys |
| • | | | Official - Title |
| | | | |

| Change in Company's premium or revision effective: | rate level produced by rate
04/23/09 New Business a | nd 05/21/2009 Renewals |
|--|--|-----------------------------------|
| (1) | (2)
Annual Premium | (3)
Percent |
| Coverage | Volume (Illinois) * | Change (+ or -) |
| Automobile Liability | | |
| Private Passenger | 15,089,347 | 6.2% |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | 14,156,289 | 0.0% |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| Fidelity Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory classes? If so, specify: No Brief description of filing. (If filing follow | | |
| organization, specify organization): | | |
| Government Employees Insurance Con | pany proposes an overall change o | f 3.3%. |
| Adding new tier R with base rate chang | e for coverage: Bodily Injury, Proper | ty Damage, Medical Payments, |
| and Uninsured/Underinsured Motorists | | |
| Adjusted to reflect all prior rate chang Change in Company's premium leve result from application of new rates. | | |
| . coak nom approach of non fatos. | | |
| | | |
| | Govern | nment Employees Insurance Company |
| • | | Name of Company |
| | | |
| | | Kathleen Lake, Analyst |
| | | Official - Title |

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective March 9, 2009

| | (1) <u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
|----------------------|---|--|--|
| 1. | Automobile Liability Private Passenger Commercial | 1,809,628 | 0.12% |
| 2.
3. | Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto | 1,312,872 | 0.01% |
| 5.
4.
5.
6. | Burglary and Theft Glass Fidelity | | |
| 7.
8.
9. | Surety
Boiler and Machinery | | |
| 11.
12. | Extended Coverage
Inland Marine
Homeowners | | |
| 14. | Commercial Multi-Peril Crop Hail Other Line of Insurance | | |
| | Does filing only apply to certain territor | ry (or territories) or certain
61, 762, 764, 765, 767 | |
| | Brief description of filing. (If filing follo organization, specify organization): | | entioned, expense load |
| | | 4 | |
| | *Adjusted to reflect all prior rate chang
**Change in Company's premium leve
new rates. | ges.
I which will result from application o | of |
| | | Infinity Casualty Insurance Compa | |
| | | Name of Comp | any |
| | | Observa E. Tradica da Assistant V | inn Dunnisland |

Charles E. Tucker Jr, Assistant Vice President

Official -- Title

| Change in Company's | premium or | rate level | produced by rate |
|---------------------|------------|------------|------------------|
| revision effective | 3/31/09 NB | 6/4/09 RB | <u> </u> |

| (1) | (2) | (3) |
|---|-------------------------------|-------------------|
| _ | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | 34,582,263 | -1.3 |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | 22,518,494 | +1.9 |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | , |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | * * |
| Does filing only apply to cert If so, specify: No | | |
| | | |
| Brief description of filing. | /If filing follows rates of a | n advicery |
| organization, specify organization | | |
| | | briving barety |
| Course discount, territory red | definitions, tier conditions | |
| | | |
| | | |
| * Adjusted to reflect all pri | or rate changes | |
| ** Change in Company's premium | | |
| result from application of | | |
| resure irom appricacion or | new races. | |
| | | |
| | | |
| | Metropolitan Casualty Ins | urance Company |
| | Name of Compa | |
| • | | - |
| : | | |
| | | |
| | Richard Lonardo, Vice- | President |
| | Official - Tit | |
| | | |

H29219D

SUMMARY SHEET

| Change in | Company's | premium | or | rate | level | produced | by | rate |
|-----------|-----------|---------|----|------|-------|----------|----|------|
| revision | effective | 3/31/09 | NΒ | 6/4/ | 09 RB | _ | | |

| revision effective 3/31/09 | NB 0/4/03 KB . | |
|---|---|-------------------|
| (1) | (2)
Annual Premium | (3)
Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial | 10,086,691 | +3.0 |
| 2. Automobile Physical Damage
Private Passenger
Commercial | 8,317,033 | +1.8 |
| 3. Liability Other Than Auto 4. Burglary and Theft | | |
| 5. Glass 6. Fidelity 7. Surety | | |
| 8. Boiler and Machinery 9. Fire | | |
| 10. Extended Coverage
11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: No | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organization | | |
| discount, Tenure discount, tier co | ndition changes, symbol f | actors, account |
| deviation changes | | |
| * Adjusted to reflect all prior r
** Change in Company's premium lev
result from application of new | el which will | |
| Metropolit | an Group Property and Cas
Name of Compar | |
| | | |

Richard Lonardo - Vice-President
Official - Title

INS00106

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/16/2009

| | (1) | (2) | (3) |
|-----|---|---|-----------------------------------|
| _ | `, | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | 153,980.78 | -1.8% |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | 95,727.61 | -5.2% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | , | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certa | in territory (territories) or | certain |
| | Classes? If so, | | 20 25 20 42 44 40 40 40 |
| | · · · · · · · · · · · · · · · · · · · | | , 32, 35, 39, 43, 44, 46, 48, 49, |
| | 50, 51, 52, 57, 67, 69, 70, 87, 88, 9 | | |
| | Brief description of filing. (If f | iling follows rates of an a | dvisory |
| | Organization, specify | | |
| | organization): | Revising territory facto | rs based on a competitive |
| | market analysis. | | |
| • | *A divoted to reflect all asia- | ito changes | |
| | *Adjusted to reflect all prior ra
**Change in Company's prem | | t from application of new |
| | rates. | Hally level willielt will lesul | it nom application of new |
| | iales. | Omni Indomnity In | surance Company |

Omni Indemnity Insurance Company

Name of Company

Alice Grillo - Sr. Product Consultant

Official - Title

| | inge in Company's premium or rate level produced by rate revis
ctive 03/20/2009 | ion, | |
|------|--|-------------------------------|----------------------|
| епе | (1) | (2)
Annual | (3)
Percent |
| | Coverage | Premium
Volume (Illinois)* | Change
(+ or -)** |
| | 1 Automobile Liability | · | (0.) |
| • | Private Passenger | 35,041,154 | 8.51% |
| ٠ | Commercial | | |
| | 2 Automobile Physical Damage | | |
| ٠ | Private Passenger | 31,909,755 | -7.65% |
| • | Commercial | | |
| | 3 Liability Other Than Auto | | |
| | 4 Burglary and Theft | | |
| | 5 Glass | | |
| | 6 Fidelity | | |
| | 7 Surety | | |
| | 8 Boiler and Machinery | | |
| | 9 Fire | | |
| | 10 Extended Coverage | | |
| | 11 Inland Marine | | |
| | 12 Homeowners | | |
| | 13 Commercial Multi-Peril | | |
| | 14 Crop Hail | | |
| | 15 Other (Line of Ins.) | | |
| | | | |
| Do | es filing only apply to certain territory (territories) or certain | n classes? If so, specify: | |
| Fili | ng applies to all territories and all driver classes. | | |
| | the control of the co | | |
| | ef description of filing. (If filing follows rate of an advisory of anization(s).) | organization, specify | |
| | rised rates for private passenger automobile liability and physica | | |
| | er class, matrix, point, tier, financial responsibility group, mod | | |
| atm. | others footom. Also added namerless and adjusted core online ou | ote/loval customer discounts | |

- * Current annual premium for Progressive Direct business in the State of Illinois adjusted to reflect all prior rate changes.
- **Change in Company's premium level which will result from application of new rates. Compared to previous rate revision

Progressive Direct Insurance Company
Name of Company

Mark Arnell - Illinois Product Manager
Official - Title

Change in Company's premium or rate level produced by rate revision, effective 03/20/2009

| ffe | ctive 03/20/2009 | | |
|----------|--|---|----------------------|
| | (1) | (2)
Annual | (3)
Percent |
| | Coverage | Premium
Volume (Illinois)* | Change
(+ or -)** |
| | 1 Automobile Liability | | |
| ٠ | Private Passenger | 3,126,197 | 8.51% |
| * | Commercial | | |
| | 2 Automobile Physical Damage | *************************************** | |
| • | Private Passenger | 2,624,206 | -7.65% |
| • | Commercial | • | |
| | 3 Liability Other Than Auto | | |
| | 4 Burglary and Theft | | |
| | 5 Glass | | |
| | 6 Fidelity | | |
| | 7 Surety | | |
| | 8 Boiler and Machinery | | |
| | 9 Fire | | |
| | 10 Extended Coverage | | |
| | 11 Inland Marine | | |
| | 12 Homeowners | | |
| | 13 Commercial Multi-Peril | | |
| | 14 Crop Hail | | |
| | 15 Other(Line of Ins.) | | |
| | s filing only apply to certain territory (territories) or certain cl | lasses? If so, specify: | |
| ilii | ng applies to all territories and all driver classes. | , | |
| | | | |
| | ef description of filing. (If filing follows rate of an advisory organization(s).) | anization, specify | |
| | ised rates for private passenger automobile liability and physical d | | |
| | er class, matrix, point, tier, financial responsibility group, model y | | |
| tru | cture factors. Also added paperless and adjusted core, online quote | /loyal customer discounts. | |
| | | | |

* Current annual premium for Progressive Universal business in the State of Illinois adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates. Compared to previous rate revision

Progressive Universal Insurance Company
Name of Company

Mark Arnell - Illinois Product Manager Official - Title Change in Company's premium or rate level produced by rate Revision effective <u>04/01/2009</u>.

| (1) | (2) | (3) |
|---|--|---|
| | | Percent |
| Coverage | Volume (Illinois) * | <u>Change (+ or -)**</u> |
| A. A 111. T. 1.1114 | | |
| • | Φ5 C20 411 | . 2 40/ |
| | \$5,638,411 | + 3.4% |
| | | |
| <u> </u> | #4.00%.060 | . 4.00/ |
| | \$4,027,062 | + 4.8% |
| | · · · · · · · · · · · · · · · · · · · | |
| • | | |
| • | | |
| | Appropriate the same of the sa | |
| • | - | |
| · · · · · · · · · · · · · · · · · · · | | |
| Boiler and Machinery | | |
| Fire | | *** |
| Extended Coverage | | |
| Inland Marine | | <u> </u> |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Line of Insurance | | |
| | | - |
| • | ritories) or certain classes | s? If so, specify: |
| No. | | |
| | -1 | |
| description of filing (If filing follows ra | ates of an advisory organi | zation specify |
| | and or all advisory organi | zadon, spoon y |
| | gram. Revised base rates for all | ll territories with an overall |
| | | |
| | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance filing only apply to certain territory (terno.) description of filing. (If filing follows raization): Revised rules and rates for Personal Auto prog | Automobile Liability Private Passenger \$5,638,411 Commercial Automobile Physical Damage Private Passenger \$4,027,062 Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance description of filing. (If filing follows rates of an advisory organical and many private Passenger \$5,638,411 St,638,411 St,638,411 St,027,062 St,0 |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Rockford Mutual Insurance Company
Name of Company

James L Mayzer

<u>Director of Research and Development-Personal Lines</u>

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 03/15/2009

| - | (1) | (2)
Annual Premium | (3)
Percent |
|-----|---|--|--------------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private Passenger Commercial | \$1,004,104 | +10.6% |
| 2 | Automobile Physical Damag
Private Passenger
Commercial | \$896,839 | +4.9% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | \$1,199,038 | +4.5% |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other & Umbrella | \$131,134 | +1.0% |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: The filing | in territory (territories) or g is state-wide. | certain |
| | Brief description of filing. (If fi | ling follows rates of an ac | dvisorv |
| | Organization, specify organization): | We are revising Rate C | Suides due to the overall 5.9% |
| | rate increase; adopting ISO LPMP | | |
| | and Other Members of Household; | | e.g. boats and water backup. |
| | *Adjusted to reflect all prior ra
**Change in Company's prem
rates. | | t from application of new |
| | 1 a l C 5. | SECURA Supreme | Insurance Company |
| | | | me of Company |
| | | | President, General Counsel |

Official - Title

Change in Company's premium or rate level produced by rate Revision effective 03-27-09

| | (1)
<u>Coverage</u> | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
<u>Change (+ or -)**</u> |
|-----|----------------------------|---|--|
| | | | |
| 1. | Automobile Liability | | |
| | Private Passenger | \$1,907,854 | +4.50% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | \$1,363,607 | +4.66% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | 4 | |
| | Line of Insurance | | |
| | | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall: +4.57%. Included: Base Rate and Territory factor changes for the Bodily Injury, Property Damage, Collision, Comprehensive, Medical Payments, and Uninsured/Underinsured Motorists coverages as well as other class plan changes.

- * Adjusted to reflect all prior rate changes.
- ** Changes in Company's premium level which will result from application of new rates.

Travelers Commercial Insurance Company

Name of Company

Sara M. S.

Vice President

Change in Company's premium or rate level produced by rate Revision effective 03-27-09

| | (1) | (2)
Annual Premium | (3)
Percent |
|-----|---|-----------------------|-------------------|
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | \$30,706,439 | +3.10% |
| 2. | Automobile Physical Damage Private Passenger Commercial | \$21,440,735 | +3.08% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Overall: +3.09%. Included: Base Rate and Territory factor changes for the Bodily Injury, Property Damage, Collision, Comprehensive, Medical Payments, and Uninsured/Underinsured Motorists coverages as well as other class plan changes.

- * Adjusted to reflect all prior rate changes.
- ** Changes in Company's premium level which will result from application of new rates.

The Travelers Home and Marine Insurance Company

Name of Company

Vice President

Official - Title

SUMMARY SHEET

| Change | in Company's premium or rate level p | produced by rate revision effective | 07/03/2009 |
|--------|--|---|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger | \$27,570,498 | 0.9% |
| | Commercial | 427,070,190 | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger
Commercial | \$22,538,426 | 1.2% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Hömeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | iling only apply to certain territory (ter
affects all areas of state. | rritories) or certain classes? If so, specify | : |
| | | | |
| | lescription of filing. (If filing follows ed base rates and expense fees. | rates of an advisory organization, specify | organization): |
| * Ac | djusted to reflect all prior rate changes nange in Company's premium level who sult from application of new rates. | | |

United Services Automobile Association
Name of Company

Michael Foley, AVP Ins CmpInc
Official - Title

oc.

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 04/01/2009 | • |

| _ | (1) | (2)
Annual Premium | (3)
Percent |
|---|-------------------------------------|--------------------------------|---------------------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | 15,202,038 | +25.9% |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | 2,354,000 | +0.4% |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | .~ | |
| • | Life of Insurance | | |
| | Does filing only apply to certa | in territory (territories) or | certain |
| | Classes? If so, | | |
| | specify: This fill | ng applies to all territories. | |
| | | | |
| | Brief description of filing. (If f | lling follows rates of an a | avisory |
| | Organization, specify | This films imposts the | hana rates for all asymptons |
| | organization): | | base rates for all coverages, |
| | as well as the driver class and sym | doi relativities. | |
| | *Adjusted to reflect all prior ra | ite changes | · · · · · · · · · · · · · · · · · · · |
| | **Change in Company's prem | | It from application of new |
| | rates. | | • • |
| | | United Automobile | Insurance Company |
| | | | me of Company |
| | | Dean Kozlowski - V | |
| | • • | | Official – Title |

Form (RF-3)

| Change in | n Company's premium or rate level produ | ced by rate revision effective | 4/1/09 - New Business
6/1/09 - Renewals |
|------------|---|------------------------------------|--|
| | (1) | (2) | (3) |
| | | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1 | Automobile Liability | , | |
| | Private Passenger | \$5,296,038 | +4.79% |
| | Commercial | | |
| 2 | Automobile Physical Damage | | |
| | Private Passenger | \$1,675,249 | 0.00% |
| | Commercial | | |
| 3 | Liability Other Than Auto | | |
| 4 | Burglary and Theft | | |
| 5 | Glass | | |
| 6 | Fidelity | | |
| 7 | Surety | | |
| 8 | Boiler and Machinery | | |
| 9 | Fire | | |
| 10 | Extended Coverage | | |
| 11 | Inland Marine | | |
| 12 | Homeowners | | |
| 13 | Commercial Multi-Peril | | • |
| 14 | Crop Hail | | |
| 15 | Other | | |
| Does fili | ng only apply to certain territory (ter | ritories or certain classes? If so | o, specify: |
| Yes, all t | erritories. | | |
| Brief de | escription of filing. (If filing follows ra | tes of an advisory organization | , specify organization): |
| | | | |

- * Adjusted to reflect all prior rate changes
- ** Change in Company's premium level which will result from application of new rates.

Universal Casualty Company

Name of Company

3/1.09

Kent Lang - Underwriting V.P.

SUMMARY SHEET Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective

4/1/09 - New Business 6/1/09 - Renewals

| 141160 111 | Company's premium or rate level produ | | 0/ 1/05 · Nelle Wals |
|------------|--|-----------------------------------|---------------------------|
| | (1) | (2) | (3) |
| | , , | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1 | Automobile Liability | | |
| | Private Passenger | \$23,703,040 | +1.70% |
| | Commercial | | |
| 2 | Automobile Physical Damage | | |
| | Private Passenger | \$13,586,107 | 0.00% |
| | Commercial | | |
| 3 | Liability Other Than Auto | | |
| 4 | Burglary and Theft | | |
| 5 | Glass | | |
| 6 | Fidelity | | |
| 7 | Surety | | |
| 8 | Boiler and Machinery | | |
| 9 | Fire | | |
| 10 | Extended Coverage | , | |
| 11 | Inland Marine | | |
| 12 | Homeowners | | |
| 13 | Commercial Multi-Peril | | |
| 14 | Crop Hail | | |
| 15 | Other | | |
| | • | | |
| oes filin | g only apply to certain territory (ter | ritories or certain classes? If s | so, specify: |
| es, all te | erritories. | | |
| rief des | scription of filing. (If filing follows ra | tes of an advisory organization | n, specify organization): |
| | IL Metro - UM change | | |

- * Adjusted to reflect all prior rate changes
- ** Change in Company's premium level which will result from application of new rates.

| Universal Casualty Company |
|-------------------------------|
| Name of Company |
| Kent Lang - Underwriting V.P. |
| Kent Lang - Underwriting V.P. |
| Official Title |

⁶ Form (RF-3)

SUMMARY SHEET

| Change | in Company's premium or rate level p | 07/03/2009 | |
|---------|--|---|--------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger
Commercial | \$21,022,966 | 2.3% |
| 2. | Automobile Physical Damage
Private Passenger | \$16,945,391 | 0.4% |
| | Commercial | ψ10,7+3,371 | V.170 |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | iling only apply to certain territory (te
affects all areas of state. | rritories) or certain classes? If so, specify | y: |
| | | | |
| Brief d | escription of filing. (If filing follows | rates of an advisory organization, specify | y organization): |
| | ed base rates and expense fees. | | |
| | | | |

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

USAA CASUALTY INSURANCE COMPANY Name of Company

Michael Foley, AVP Ins Cmplnc Official - Title

H29219D

| hange | in Company's premium or rate level | produced by rate revision effective | 07/03/2009 |
|---------------|---|--|----------------------------------|
| | (1) | (2) | (3) |
| | Coverage | Annual Premium <u>Volume (Illinois)*</u> | Percent <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger | \$1,026,855 | 35.0% |
| 2. | Commercial Automobile Physical Damage Private Passenger | \$848,468 | 21.9% |
| 3. | Commercial Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| l3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| l 5. 🧐 | Other | | |
| | Line of Insurance | | |
| | ling only apply to certain territory (to affects all areas of state. | erritories) or certain classes? If so, | specify: |
| Brief d | escription of filing. (If filing follows ed base rates and expense fees. | s rates of an advisory organization, | specify organization): |
| * Ch | ljusted to reflect all prior rate change ange in Company's premium level would from application of new rates. | | |
| | | | |
| | | | |
| | | | USAA Garrison |
| | | | Name of Company |
| | | | William Common |
| | | | Michael Foley, AVP Ins Cmplnc |
| TACA - | 0.00 | | Official - Title |
| 12921 | טפ | | |

H29219D

| | (1) | (2)
Annual Premium | (3)
Percent |
|----------------|---|---|------------------------------|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | \$1,945,002 | 0.0% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | \$2,144,121 | 0.0% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marina | | |
| 11.
12. – 1 | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| | | erritories) or certain classes? If so, spec | ify: |
| iling | affects all areas of state. | | |
| | | | |
| | | s rates of an advisory organization, spec | ify organization): |
| djuste | ed base rates and expense fees. | | |
| | | | |
| * Ad | justed to reflect all prior rate change | es. | |
| * Ch | ange in Company's premium level v | hich will | |
| res | ult from application of new rates. | | |
| | | | |
| | | | |
| | · | USAA | GENERAL INDEMNITY COMPANY |
| | | | Name of Company |
| | | | ramo or company |
| | | | |
| | | | |
| | | | •• • |
| | | М | ichael Foley, AVP Ins Cmplnc |